PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
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PETITION FOR EXTENSION OF	Docket Number (Optional) 07589.0052.NPUS01						
E vo							
and the second	Application Number	Filed 03/17/2004					
1 2004	For FUEL INJECTION SYSTEM						
a significant of the second of	Group Art Unit 3747	Examiner Not Assigned					
This is a request under the provision response in the above identified ap	pplication.						
(check time period desired):	opriate from email ema	ty 100 are as lonow	•				
☐ One month (37 CFR 1.17(a)(1)) \$110							
☐ Two months (37 CF	R 1.17(a)(2))		\$				
☐ Three months (37 C	FR 1.17(a)(3))						
☐ Four months (37 C	FR 1.17(a)(4))		\$				
☐ Five months (37 CF	,		\$				
<ul> <li>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount above is reduced by one-half, and the resulting fee is: \$</li> <li>A check in the amount of the fee is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</li> <li>The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 14-1437.</li> <li>I have enclosed a duplicate copy of this sheet.</li> <li>I am the ☐ applicant/inventor.</li> <li>☐ assignee of record of the entire interest. See 37 CFR 3.71</li> <li>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li>☒ attorney or agent of record.</li> <li>☐ attorney or agent under 37 CFR 1.34(a).</li> <li>Registration number if acting under 37 CFR 1.34(a).</li> </ul>							
WARNING: Information on this be included on this form. Provi							
Date	-		Signature				
			Tracy W. Druce				
		Тур	ed or printed name				
NOTE: Signatures of all the inventors or assigne forms if more than one signature is required, see  *Total of 1 forms are submitted.		erest or their representat	ive(s) are required. Submit mul				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
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	FEE TO ANOMITTAL	Complete if Known				
	FE FEE IRANSWIIIIAL	Application Number	10/708,656			
/9	FEFEE TRANSMITTAL for FY 2002	Filing Date	03/17/2004			
	W 27 700 W 2002	First Named Inventor	UDD			
Patent fees are subject to annual revision.		Examiner Name	Unknown			
B	C. C. S. C.	Group / Art Unit	3747			
1	TOTAL AMOUNT OF PAYMENT (\$) 1182	Attorney Docket No.	07589.0052.NPUS01			
	METHOD OF PAYMENT (check all that apply)		FEE CALCIII ATION (continued)			

		,							
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Colore Monday Character Color Char					ITIONAL	FEES	•		
☐ Check   ☑ Credit card   ☐ Money   ☐ Other   ☐ None Order					Large Entity		Small Entity		
Deposit Account:				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit		105	130	205	65	Surcharge - late filing fee or oath	130		
Account 141437 Number				127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
				139	130	139	130	Non-English specification	
Deposit Account NOVAK DRUCE LLP				147	2,520	147	2,520	For filing a request for reexamination	
Name					920*	112	920*	Requesting publication of SIR prior to Examiner action	
The Commissioner is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☑ Credit any overpayments				113	1,840*	113	1,840°	Requesting publication of SIR after Examiner action	
		during the pendency of this application	n	115	110	215	55	Extension for reply within first month	110
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				116	400	216	200	Extension for reply within second month	
	FEE C	ALCULATION		117	920	217	460	Extension for reply within third month	
1. BASIC FIL Large Entity S				118	1,440	218	720	Extension for reply within fourth month	
-	ee Fee	Fee Description		128	1,960	228	980	Extension for reply within fifth month	
Code (\$) (	Code (\$)	Fee Paid		119	320	219	160	Notice of Appeal	
	201 370	Utility filing fee 770		120	320	220	160	Filing a brief in support of an appeal	
106 330 2	206 165	Design filing fee		121	280	221	140	Request for oral hearing	
	207 255 208 370	Plant filing fee Reissue filing fee	$\dashv$	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160 2	214 80	Provisional filling fee	1	140	110	240	55	Petition to revive – unavoidable	
100 211 00 1101010111111111111111111111			141	1,280	241	640	Petition to revive - unintentional		
SUBTOTAL (1) (\$) 770			142	1,280	242	640	Utility issue fee (or reissue)		
2. EXTRA CLAIN	A FEES			143	460	243	230	Design issue fee	
E. EXTRA OLAM		Extra Fee from Fee		144	620	244	310	Plant issue fee	
L —		Claims below Paid	_	122	130	122	130	Petitions to the Commissioner	
Total Claims	<u> </u>	0 X = 0	╛	123 50 123 50 Processing fee under 37 CFR 1.17				Processing fee under 37 CFR 1.17 (q)	
Independent Claims 5	-3 ** =	2 X 86 = 172		126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent		x = 0		581	40	581	40	Recording each patent assignment per property (times number of properties)	
Fee Fee	Small Enti	•		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Code (\$) 103 18	Code (\$) 203 9	Claims in excess of 20		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
102 84	202 42	Independent claims in excess of 3		476	746	070	272		
104 280	204 140			179	740	279		Request for Continued Examination (RCE)	
109 84	209 42	** Reissue independent claims over original patent		169	900	169	900	Request for expedited examination of a design application	
110 18	210 9	** Reissue claims in excess of 20 a over original patent	nd						
SUBTOTAL (2) (\$) 172					Other fee (specify)				
**or number proviously poid if greater: For Poissues, and observ				*Reduc	ced by Ba	sic Filin	g Fee Pa	aid SUBTOTAL (3) (\$) 240	
**or number previously paid, if greater; For Reissues, see above								L	

SUBMITTED BY			\		Complete (if applicable)		
Name (Print/Type)	Tracy W. Uruce	//	Registration No. Attorney/Agent)	35,493	Telephone	202.293.7333	
Signature	Trace		luce		Date	08/21/2004	